



Last Updated: 03/09/2022

Coverage of spacers and peak flow meters through the Durable Medical Equipment and Supply (DME) program

The purpose of this memorandum is to provide information on coverage of spacers and peak flow meters through the Durable Medical Equipment and Supply (DME) program for Medicaid recipients. Recipients with asthma, and other respiratory diagnoses, may have an inhaler, peak flow meter and spacers ordered by a physician. The medications (including inhalers) fall under the pharmacy program, and some medications are subject to the Preferred Drug List (PDL). The peak flow meter and spacer fall under Durable Medical Equipment (DME) and supplies.

To bill DMAS for DME items, a provider must have an active DME Medicaid provider number. Chapters IV through VI of the Durable Medical Equipment and Supplies Manual provide information regarding medical necessity criteria, required forms, and billing and utilization review requirements. The Durable Medical Equipment and Supplies Listing, Appendix B of the same manual, provides HCPCS codes, service limits, and fee information. HCPCS codes for spacers and peak flow meters are provided below:

HCPCS	Description
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4614	Peak expiratory flow rate meter, hand held

Please refer to the Managed Care Organizations (MCOs) for their specific medical necessity criteria, prior authorization requirements, and billing and utilization review requirements.



UTILIZATION REVIEW AND CONTROL

Under the provisions of federal regulations, the Medical Assistance Program must provide for continuing review and evaluation of the care and services paid through Medicaid, including review of utilization of the services by providers and by recipients. Revisions to the prior authorization submission process do not relieve participating providers from program integrity standards as described in Chapters IV and VI of the Rehabilitation Provider Manual.

COMMUNICATION TO DME PROVIDERS

DMAS has designed an email address (dme@dmas.virginia.gov) specifically for providers to email questions about DME. These questions should pertain to policies, codes, or rates and should not pertain to preauthorizations, as these questions should continue to be directed to the preauthorization contractor, KePRO, at:

Toll Free Phone #: 1-888-VAPAUTH (1-888-827-2884)

Local Phone #: (804) 497-1333

Fax #: 1-877-OKBYFAX (1-877-652-9329)

No Protected Health Information (PHI) should be sent on this e-mail in accordance with HIPAA requirements. To be added to the DMAS DME e-mail list, send an email to dme@dmas.virginia.gov. On the subject line of the e-mail form, type, "subscribe" (without the quotes). This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include "recipient", "provider", or "other", whichever best describes you, in the body of your e-mail. To unsubscribe, send an email to DMAS at dme@dmas.virginia.gov. On the subject line of the email form, type, "unsubscribe" (without the quotes).

ELIGIBILITY AND CLAIMS STATUS INFORMATION



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DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the



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printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.